

Proposal to the Senate Educational Policy Committee

PROPOSAL TITLE: Creation of a College of Medicine at the University of Illinois at Urbana-Champaign in Partnership with Carle Health System – Preliminary Endorsement

SPONSOR: Chancellor Phyllis Wise, Office of the Chancellor, 333-6290,
pmwise@illinois.edu

UNIVERSITY CONTACT: Provost Ilesanmi Adesida, Office of the Provost, 333-6677,
iadesida@illinois.edu

BRIEF DESCRIPTION:

The campus administration seeks the endorsement of the Senate of the Urbana-Champaign campus to establish a fully autonomous and accredited College of Medicine at the University of Illinois at Urbana-Champaign in partnership with the Carle Health System. The new college will capitalize on our preeminence in engineering, technology, and big data by providing unparalleled medical education that will fuse biomedical and bioengineering content to train physician-scientists. These engineering savvy physicians will produce leading-edge innovations in health care treatment and develop transformational discoveries in medical technology. The proposed College of Medicine will not resemble a large traditional medical program with an enormous footprint and complex apparatus such as a teaching hospital. Instead, the new college will be small in scale and scope with a teaching, research, and service concentration focused on re-inventing health care and achieving improved healthcare outcomes around revolutionary advances in engineering and technology.

JUSTIFICATION:

There is no U.S. public research university better positioned than Illinois to leverage the convergence of engineering with medicine and be a leader in the transformation of health care research, education, practice and delivery. The Urbana campus already has the assets, including one of the nation's top-five engineering schools and the National Center for Supercomputing Applications. All of the top 10 medical schools in the country already partner with faculty members conducting research at the Urbana campus in the College of Engineering and the Computer Science and Genomics programs. New innovations and their beneficial impact on society will be enhanced as a result from extraordinary collaborations that will leverage a wide array of outstanding capabilities and expertise from across the entire campus. Yet, the university does not have its own medical college on campus to take more complete advantage of these opportunities. Additionally, although the campus receives more annual funding from the National Science Foundation than almost any other institution, a new medical college would greatly improve our competitiveness to secure funding from other sources of health care research support (e.g., National Institutes of Health, Robert Wood Johnson Foundation, Bill and Melinda Gates Foundation, Department of Defense, and Roy J. Carver Charitable Trust).

As the only health system in Illinois that owns its own health insurance plan, and one of the state's largest providers of clinical care, Carle is a leader in high quality, cost-effective and well-coordinated patient care. That allows improvements in systems of care, rather than focusing in one area of healthcare delivery – a capability that has led to Carle being consistently recognized as among the best in the state and the nation. The proposed public/private partnership with a new medical college on our campus would allow greater flexibility to rapidly advance care delivery through programmatic changes, early adoption of

technology, and research. As a physician-led and patient-centered organization, Carle can maximize the proposed medical education model to provide the best outcomes possible for patients.

UNIVERSITY'S MISSION:

The U.S. healthcare system is undergoing historic changes driven by an aging population with more chronic conditions, an influx of millions of new people into the healthcare system due to the Affordable Care Act, and a severe physician shortage. In addition, the convergence of engineering, technology and medicine will lead to discoveries that will result in greater access to better healthcare at lower cost for more people. Studying how to best examine these new medical realities is consistent with our mission to address societal issues through research, education, and engagement. Carle's mission to serve people through high quality care, medical research and education complements our mission.

The University of Illinois at Urbana-Champaign and Carle also share deep and long-held interests in meeting the needs of rural communities in Illinois. The invention of technologies that would lower costs and enhance the effectiveness and ease-of-use of telemedicine would be an example of the potentialities that the proposed College of Medicine could have for rural residents of Illinois. Similarly, the discovery of wearable medical devices that could relay key health information to Carle would facilitate delivery of quality medical care to rural residents and help reduce the negative effects that distance and limited transportation present for many remote populations in the state and nation.

In 2012-2013, the university conducted a Visioning Future Excellence (VFE) initiative that involved garnering input from faculty, administrators, staff, and students about the directions our campus should take to ensure continued excellence and viability. Participants identified health and wellness, information and technology, and economic development as three of the main themes the university should focus its investments upon in order to meet society's greatest challenges (<http://oc.illinois.edu/visioning>).

In another university initiative to identify clusters that would lead to economic development in Urbana-Champaign and in our geographic region, the Business Cluster Development (BCD) consulting group included biomedical and bioengineering as a technology cluster that would enhance economic development (<http://go.illinois.edu/technologyclusterdevelopment>). BCD's report also stated that the lack of a full-scale medical program prevents us from realizing the potential economic development impact of this cluster. We agree wholeheartedly with BCD's assessment and believe a new College of Medicine would address this shortcoming. The continued excellence and competitiveness of our university among our peers (e.g., Association of American Universities) would be enhanced by the presence of an autonomous medical college that builds on our strength in engineering and computer science.

GOVERNANCE:

The new College of Medicine is being proposed as a partnership between the University of Illinois at Urbana-Champaign and the Carle Health System. The structure of the jointly managed College of Medicine will be collaboratively developed with the legal offices of the University of Illinois at Urbana-Champaign and Carle Health System and with the Academic Senate. Students of the new college will graduate with a degree awarded by the University of Illinois at Urbana-Champaign. The new College will operate under the academic policies of shared governance that exist between the Office of the Vice-Chancellor and Provost and the Academic Senate at Urbana-Champaign and the policies of the Carle Foundation. In particular, shared governance structures will be developed consistent with provisions of the University Statutes Article II, Section 3 and Article III, Sections 2 and 3 and General Rules.

BUDGET:

A detailed financial model and fund development strategy is required before the College of Medicine program can be implemented. Detailed analysis of income and expenses will be required in a full business plan and financial model. Tripp Umbach, a private consulting firm that studied the need and costs of a medical college for our campus, recommends that such a business plan and financial model be completed in the near future to meet the timetable to open the new College of Medicine in the fall of 2017. Based upon Tripp Umbach's expertise as well as available data related to financial models for current and planned medical schools, Tripp Umbach recommends using the following broad parameters associated with the establishment of a feasible new medical school:

- \$75 million over five years to cover start-up costs for the new school.
- \$25 million for initial facility upgrades during the start-up phase.
- A 200,000-square foot, highly-specialized College of Medicine facility, costing approximately \$100 million, depending on configuration and equipment, to open in 2025.
- \$22 million in annual revenue to cover annual operating expenses when the school admits its first students in 2017, increasing to \$47 million in annual revenue to cover annual operating expenses when the school is fully operational and has a full cohort of multiple classes of students in 2021.

It is important to emphasize that the Chancellor and Provost have pledged that the new college will not require new general revenue funding (GRF) nor reallocation of resources from other educational units in the University. Consequently, the creation of a new College of Medicine will not present significant financial burdens for existing academic units on campus.

STAFFING:

While a more complete business plan will be developed in consultation with appropriate offices and application for accreditation by the Liaison Committee on Medical Education (LCME) will be submitted prior to admitting the first class, the administration recommends the following hiring plan for the new College of Medicine:

- The new College of Medicine should begin with the recruitment of a founding Dean in 2015, who must be a nationally recognized leader in engineering and science-driven medicine.
- In 2016, the founding dean will lead efforts to recruit and/or retain over the next three to five years, five assistant professors, five full professors, 20 clinical research faculty, and 20 clinical teaching faculty, to teach students and conduct research in collaboration with clinical partners at the Carle Health System and educational partners throughout the University of Illinois at Urbana-Champaign, especially the College of Engineering. The recruitment of clinical faculty will be led by Carle in partnership with our campus. The recruitment of basic biomedical faculty will be led by our campus in partnership with Carle. In addition, Tripp Umbach recommends that the new College of Medicine secure 12 additional staff members to provide accreditation, fundraising, administrative, and student support, as well as services related to finances and student admissions.
- The eventual size and composition of the faculty and staff will be determined in accordance with LCME's accreditation standards. Accreditation of a new medical school is achieved by following a step-wise progression from preliminary, provisional, and finally full accreditation.

The founding Dean will be responsible for directing the application process for accreditation. Descriptions of the procedures and steps for LCME accreditation can be found at the following link: <http://www.lcme.org/publications.htm>.

ANTICIPATED TIMELINE:

We realize that it is difficult to layout and map a precise timeline for the establishment of a new College of Medicine on our campus. The following steps represent a general preference. We will adhere to due process and garner approvals from key Senate, University, BOT, and IBHE committees.

- Concept endorsement by the Senate Executive Committee (SEC) in 2014
- Concept endorsement by the Senate Educational Policy Committee (EPC) and full Senate in 2014
- Submission of formal documents to EPC, SEC, Senate and other relevant campus offices as required for procedural advancement in 2014 and beyond as appropriate
- Review and approval by the BOT in 2014 and beyond as appropriate
- Review and approval by the IBHE in 2015
- Application for accreditation from LCME in 2015
- First class in 2017

Appendix A: One-page public hearing handout and minutes of the public hearing on September 12, 2014.

Appendix B: Written comments provided to Gay Miller, Chair, Senate Committee on Educational Policy.

Signatures:

Chancellor

Date

Provost

Date

Interim Dean, Graduate College

Date

Appendix A

Public Hearing for EP.15.02

Friday, September 12, 2014

Noon to 1 pm

151 Loomis

PROPOSAL TITLE: Creation of a College of Medicine at the University of Illinois at Urbana-Champaign in Partnership with Carle Health System – Preliminary Endorsement

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This hearing is being held in accordance with Senate Standing Rule #13, “Hearings on the Formation, Termination, Separation, Transfer, or Merger of Units” located on the Senate website at <http://www.senate.uiuc.edu/standrul.asp#Change>.

- 12:00 to 12:10
- Opening remarks and procedures for Town Hall by Moderator, Gay Miller, *Professor and Chair of Senate Educational Policy Committee*
 - Remarks by Ilesanmi Adesida, *Provost and Vice Chancellor of Academic Affairs*
 - Remarks by Andreas Cangellaris, *Dean, College of Engineering*
- 12:10-12:55
- Questions from audience addressed to hearing Panel Members listed below.
- Ilesanmi Adesida, *Provost and Vice Chancellor of Academic Affairs*
 - Andreas Cangellaris, *Dean, College of Engineering*
 - Stephen Boppart, *Professor, Bioengineering and Electrical & Computer Engineering*
 - Rashid Bashir, *Head, Department of Bioengineering*
 - Neal Cohen, *Professor, Psychology and Director, Interdisciplinary Health Sciences Initiative*
 - Hillary Klonoff-Cohen, *Professor, Kinesiology & Community Health and Director, Public Health Graduate Program*
 - Joseph Barkmeier, M.D., *Medical Director at Carle Foundation*
- 12:55 to 1:00
- Closing remarks

Those who wish to send confidential comments for review by the Educational Policy committee should forward them to Gay Miller at gymiller@illinois.edu. Please indicate if you wish these comments to remain confidential and/or anonymous.

A copy of this proposal can be viewed here: <http://engineering.illinois.edu/COM-proposal/>

Minutes
Public Hearing for EP.15.02

Friday, September 12, 2014

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PANEL MEMBERS:

- Ilesanmi Adesida, Provost and Vice Chancellor of Academic Affairs
- Andreas Cangellaris, Dean, College of Engineering
- Stephen Boppart, Professor, Bioengineering and Electrical & Computer Engineering
- Rashid Bashir, Head, Department of Bioengineering
- Neal Cohen, Professor, Psychology and Director, Interdisciplinary Health Sciences Initiative
- Hillary Klonoff-Cohen, Professor, Kinesiology & Community Health and Director, Public Health Graduate Program
- Joseph Barkmeier, M.D., Medical Director at Carle Foundation

Meeting convened at 12:00 pm.

Prof. Miller announced the proposal and preliminary endorsement being considered during the meeting. The hearing was held in accordance with Senate Rule 13. It was recorded for the purposes of taking minutes, and the recording will be destroyed.

Provost Adesida introduced members of the panel.

Provost Adesida described the concept of an engineering-based College of Medicine and its connection to the Chancellor's Visioning Future Excellence efforts. He discussed importance in economic development for the community and the state and explained that the prospective new medical school would not take any new state general revenue funds nor funds redistributed from elsewhere on campus. He highlighted the strong but distributed nature of research, scholarship, and education in the life sciences on this campus and the value of integrating those strengths in a medical school.

Dean Cangellaris compared the future of healthcare and medicine to the work that Illinois has previously done in driving the technological revolution at the heart of our digital world. He encouraged the campus to do the same for the affordability and accessibility of healthcare.

Prof. Miller opened the floor to questions.

An audience member asked how many students will be part of the medical school and what the home departments will be for the basic science faculty. He also asked about the status of MD/PhD students.

Provost Adesida explained that it would start with 25 students and grow to 50. The departments in LAS and MCB would be home to the bulk of those teaching basic science, along with engineering and other departments. Previously larger faculty numbers are expected to be restored in those LAS departments in order to address those needs.

Any students who start in the current program will continue in that program and will finish in that program. Illinois is discussing the future of the MD/PhD with UIC.

An audience member expressed his general support for the prospective College of Medicine. He pointed out that a medical school can distort priorities and focus, harming the standing of small departments. He asked if safeguards, based on other universities' experience, were being discussed?

Provost Adesida explained that the goal for the prospective College of Medicine is to be small and nimble, reducing the threat of that sort of distortion occurring.

Dean Cangellaris pointed out that the ultimate goal of the College of Medicine would be to rethink health and well-being for the entire world and to bring technology to its fullest potential.

Prof. Cohen said that the threat of that distortion was minimized because Carle would be a partner and that the university would not have to run a hospital.

A student asked if there was any conversation about how to ensure that the physicians are not viewing patients as machines.

Prof. Boppart said that expanding and improving the technology available would improve the patient-doctor relationship. He also pointed out that the engineer-based aspects would never replace the patient-doctor relationship.

Prof. Klonoff-Cohen explained the role that College of Applied Health Sciences would play in those aspects of the college. That includes patient treatment and cultural issues.

An audience member expressed concerns about the challenges of working with Carle on research, obtaining samples, and translational research.

Prof. Bashir acknowledged that there are challenges in translational research. He described improvements that Carle was already making in those areas.

Prof. Cohen described the role that the Interdisciplinary Health Sciences Initiative would have and how it would facilitate that research. He pointed out that Illinois currently is unable to have NIH "cores" funded without a medical school.

Dr. Barkmeier described the large size of Carle and its national reputation for quality care. He said that Illinois' world-class research and Carle's world-class healthcare would complement one another.

An audience member described the value that the Department of Materials Science and Engineering could bring the College of Medicine.

Prof. Bashir said the College of Medicine would be a campus-wide interaction and discussed the value that many individual departments and faculty would be able to contribute.

An audience member asked why Carle is a good partner, given the very different culture at Carle? He also said that a biomedical institute had many more advantages with fewer accreditation issues.

Dr. Barkmeier said that Carle is currently home to 200 trials ongoing and 50 studies with Illinois. He described Carle's plan to hire a net 130 new physicians in the coming year. He said that hiring would focus on doctors who teach and do research and that doctor compensation will reflect that focus.

Provost Adesida discussed the critical importance of a College of Medicine to Illinois' competitiveness going forward.

An audience member described the challenges of creating innovative curriculum, given the expectations of accreditation bodies.

Prof. Bashir described the opportunity to fundamentally change medical education and said that new teaching methods and other techniques could be used. He acknowledged that these changes were being considered and said that the medical school would be certain to deliver everything it needed to.

Prof. Boppart said that accreditation is required but that the focus could be on students who are trained in something other than the traditional life science pathway.

An audience member representing Presence Health said that his organization applauds the leadership on this issue. He described Presence Health's size and said that the organization is ready to discuss how it can be helpful on a system level and locally.

Provost Adesida described why the university and Carle partnered. He said that the College of Medicine would be pleased to have other significant partners as well.

An audience member described the College of Social Work's 70-year history of producing licensed healthcare workers. She expressed that there were opportunities to combine engineering with Social Work's sense of compassionate care and that the systems perspective that they share would be valuable.

An audience member described the possibility of having to coordinate accreditation and curriculum if we were hosting UIC students and students of a prospective College of Medicine.

Provost Adesida said that Illinois is working with UIC on how this will work.

A medical student asked questions about how tuition would be structured and whether there would continue to be an aspect including waivers in the College of Medicine on the Urbana campus.

Provost Adesida said that the university was talking to UIC about the possibility of continuing to host M1 on the Illinois campus. He closed by saying that the Chancellor's Strategic Advisory Board met last week. He described one of the member's comments that he has served on the board of several universities and that this is the most innovative idea of any university in the world.

Prof. Gay Miller adjourned the hearing at 1:04 pm.

Appendix B

Compiled comments on COM:

Received Saturday, 9-6-14

Dear Professor Miller,

My name is Aashay Patel, and I am a Bioengineering student at UIUC with aspirations of becoming a research physician. Upon reading about the upcoming public hearing on a prospective College of Medicine at UIUC, I was elated that this idea was being seriously contemplated and hoped to share my opinions. Unfortunately, I am unable to attend the hearing due to prior commitments, so I am sending this message to convey my support of establishing a College of Medicine at UIUC with close ties to the College of Engineering. I have heard from many of my professors that "engineering for life" is the path forward in the 21st century. Not only will an engineering-oriented medical college be able to fulfill this mantra as a research institution, but it will also be an ideal place for aspiring physician-scientists, like myself, to attend for a unique education. All in all, I hope that this proposition gains widespread support and comes to fruition soon.

I appreciate your time and efforts,

Aashay Patel

UIUC College of Engineering, Department of Bioengineering

Campus Honors Program, Chancellor's Scholar

[309-532-6772](tel:309-532-6772)

adpatel8@illinois.edu

Anonymous Professor, College of Engineering; received 9-7-14

If one takes the time to read the book, “Keys to the Asylum” by Daniel Bloomfield, the founding Regional Dean for the UI-COM at Urbana, it will become apparent why the Urbana campus is in the situation that it is with respect to medical education. That being said, the proposal on the table wipes the slate clean and will launch a new era of medical excellence for Illinois. The proposed new medical school is innovative, forward thinking, and moves this campus far ahead of its peers. Our excellence in engineering, technology, and computing are resulting in significant intellectual capital being left on the table. As a faculty member in engineering who has worked on health care problems for almost two decades, long before it became fashionable, this initiative is not only the right direction, it is the only direction. Any entities resistant to such a bold initiative clearly do not have this university’s best interests in mind.

Received by email from Professor Robert Gennis, Biochemistry, on 9-8-14

I wish to add my comments to the discussion of the proposed medical school. I am not able to attend the 1-hour meeting this Friday which, by the way, was not widely posted.

1. First I bring to your attention the recent case of Albert Einstein College of Medicine which has become a major financial burden to Yeshiva University. This situation may be very different, but one reading is the importance of having an affiliated hospital support the costs of the medical school on a recurrent basis. See the following article.

<http://forward.com/articles/199004/yeshiva-u-sheds-burden-of-albert-einstein-medical/>

2. The attractiveness of having a medical school with practicing physicians present to establish collaborations with scientists and engineers on campus is clear to everyone. This opportunity, in principle, already exists, so we can ask what is missing? Obviously, the infrastructure and medical research faculty one would expect to find at a major medical school is absent. Is it feasible to expect this to be developed at Carle? They can put up the building to house the facilities, but what about the researchers? Will UIUC hire dozens of new MDs engaged in research? Will Carle? Will we expect medical faculty to obtain sufficient grant funds to be nearly self-supporting, as is the case in a number of medical schools? If the faculty will be paid by Carle, will they teach at UIUC and, if so, will UIUC have control over the educational issues?

One can at least ask the small group of engineers who left UIUC to go to San Diego how this has benefited them and whether we would provide the same even with the planned medical school.

3. Is there a sufficient patient base in this area to attract and maintain the kind of research institution that is being planned? The NIH has been unwilling to support our MD-PhD program (Medical Science) and, my understanding is that this is, in part, because we are too small in terms of diversity of the patient base. This should be investigated. We cannot at this point support the clinical training of the current crop of medical students. How will this change?
4. The business plan to sustain the medical school is critical. If this is not on a sound financial basis then it is UIUC that will be on the hook for coming to the financial rescue should it be necessary. It is hard to imagine Carle doing so since they are a for-profit corporation, or at least part of Carle is. This is a huge red flag, and we should pay very close attention to the details. Once established, the faculty engaged will be integrated in our educational and research programs and we will have no choice but to pay what is needed in the future should there be a financial crisis.
5. If we do go forward with this plan, it seems inevitable that UIUC will have time, energy and money diverted to this project. We are in desperate need of new research and teaching facilities

on campus. If, instead, we place a new building on the Carle campus this will have minimal positive impact on the rest of UIUC, and will likely postpone other capital projects indefinitely.

6. What is the educational plan for the new medical school? I can understand wanting to educate our engineers in medicine, but training practicing physicians in engineering seems unnecessary, and certainly does nothing for solving the problems of medical care in our country. Will we be a boutique MD-Engineering School, restricted to combined degree candidates? Are there many of these who want to pay full tuition? A small medical school will not have the research depth to provide collaborations in many areas covered by our engineers and scientists. Let's not forget that Boston and the San Francisco area have large established medical schools adjacent to strong engineering/science, with equivalent opportunities.
7. Although I don't pretend to be expert, the issues above should be carefully considered since this could turn into a major problem down the road.

In my opinion, this plan should be used as a threat to obtain a degree of independence from Chicago for our current medical school.

Robert Gennis

Anonymous comment received 9-9-14

... it is often a struggle to have doctors (particularly at Carle) who are available and/or willing to precept – specifically for the ambulatory rotations, which are only two weeks in length.... Not possible without the participation of PCMC and Christie physicians. Given only 3-6 students at a time currently, it concerns me that unless the current Carle culture (reimbursement for working with students and/or a contractual obligation to do so) would not be able to sustain growth in the number of medical students that pay to be educated at UIUC. It also concerns me that this partnership seems to be an exclusive partnership with Carle.

So I guess my questions are:

- **Will the creation of a College of Medicine at the University of Illinois at Urbana-Champaign in Partnership with Carle Health System ensure that Carle doctors will be mandated to work with the students –whether contractually or through a fee-based reimbursement system, etc?**
- **Will this new partnership include the continued participation of PCMC and Christie physicians?**

Anonymous questions sent 9-9-14

A lot has been said about the formation of this College on the UIUC campus. I wish to address what has not been addressed. What happens to the staff, and APs who currently work for the UIC COM in Urbana if this new College happens? Will we lose our jobs?

Dear Professor Miller – received by email: 9-9-14

I would be very interested to hear about the plans and timeline for obtaining accreditation by the LCME (Liaison Committee for Medical Education) for the new college of medicine. I believe this is necessary to recruit students and to award an MD degree.

Sincerely,

Stephanie

Stephanie Ceman, Ph.D.

Associate Professor

Office: 423 Medical Sciences

Shipping: B107 CLSL

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Urbana, IL 61801

Office: 217-244-6793

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Received via Dean M. Michele Mariscalco

From: **samuel feinberg** <samuel.feinberg3@gmail.com>
Date: Tue, Sep 9, 2014 at 9:07 AM
Subject: Prospective engineering based college of medicine
To: gymiller@illinois.edu

I am a physician at the Christie Clinic in Champaign IL and have been practicing for 24 years in Champaign Urbana and affiliated with the medical school since I came here. I have had the privilege of teaching these students surgery with most of them on the MD/PhD tract. They have always placed well in residencies coming for the COM. I have been impressed. They come from all over the country to do their PhD and really have been satisfied

I was never asked to be involved in this process of change and have since Dr. Oliphant was acting dean for a year not really involved in teaching. I am afraid that the process will continue to alienate Christie physicians if this change in COM goes through.

You can follow up with me for any further discussions.

Sincerely,

Sam Feinberg, MD

Anonymous contribution sent by email on 9-10-14 from UIUC Professor:

Under a new engineering based medical school, have they considered who will deliver the basic sciences courses, and what will become of the existing UIUC-COM, medical school, basic sciences faculty members?

Anonymous from UIUC staff – received 9-11-14

Will the Urbana College of Medicine interview and admit traditional
and dual degree (MD/PhD) students for the next academic year 2015-2016?

Received 9-11-14

Dear Educational Policy Committee,

It is good to see you carefully considering the establishing of a new MD degree at UIUC, as part of planning a local College of Medicine. I urge you to evaluate the feasibility of gaining professional accreditation for a new-style program, since this is critical for the new degree to be taken seriously. The accreditation agencies have traditionally been very conservative in what they consider acceptable curriculum for degrees in Medicine.

When I was privileged to lead UIUC in the establishing of a new PhD degree for the Informatics program, your questions and concerns were difficult and thoughtful. But with this new profession of Informatics, there was no issue with national accreditation. Medicine is a traditional discipline, where issues of patient safety cause accreditation to be tightly regulated. When I became Head of the Department of Medical Information Science in the Regional College of Medicine at UIUC, I was charged with developing a new course in biomedical informatics. I did so, including the publication of a Springer textbook entitled Healthcare Infrastructure, and it has been successfully taught at the graduate level to a wide variety of students in Engineering and in Medicine. But, due to accreditation concerns, it was not possible to host this course within the College of Medicine, so it ended up being hosted within the College of Engineering, specifically within the Department of Computer Science. This meant that MD students wishing to take the course could not apply credit to their MD degree, only use it if appropriate as credit towards their PhD degree.

So please insure that the planning solves these problems, and new-style engineering in medicine students can receive credit towards their MD degree, for new-style engineering in medicine courses. I am happy to provide additional information if it would help your deliberations. Best of luck in this important task...

Sincerely, Bruce Schatz

Bruce Schatz, PhD
Head, Department of Medical Information Science
(founding Director of Graduate Programs, Illinois Informatics Institute)
Professor, Department of Computer Science
Professor, Institute for Genomic Biology
University of Illinois at Urbana-Champaign
www.canis.uiuc.edu

Received 9-11-14

Dear Professor Miller

I will be unable to attend the hearing on establishment of an engineering-based College of Medicine tomorrow.

Although I do not know all of the ramifications of the decision (especially budgetary), I write to voice support for the proposal to establish an engineering-based College of Medicine here in Urbana. This would present a unique opportunity to develop a very different College of Medicine. It would work well with the bio-related engineering programs in nearly every department of the College of Engineering. It would work well with the talents in town associated with the College of Veterinary Medicine, where many groundbreaking therapies are developed in animals that could connect well with potential to bring these therapies to human medicine, and with the very large hospitals in town.

If you have any questions please do not hesitate to contact me.

Angus Rockett

Professor

Department of Materials Science & Engineering

University of Illinois at Urbana Champaign

201a MSEB

1304 West Green St., Urbana IL 61801

217-333-0417

arockett@illinois.edu

Anonymous – received 9-12-14

Abstracted by GYMiller to keep contribution anonymous:

request that the UIUC Senate ask and receive a balanced view of the proposed College of Medicine in the context of the current College of Medicine. In the current approach, there is no real discussion of the part UI COM-UC has performed at UIUC, and in the region for the past 41 years. The full time research faculty at UICOM-UC are UIUC-tenured (or tenure track) faculty, are committed to both educating physicians, physician scientists, and to research... have trained over 800+ physicians since 1980, approximately ½ have also received PhDs (or JD or MBAs). This does not include the 4100 physicians who received their first year of training here. The students and faculty from UICOM-UC have had meaningful, longstanding contributions to the academic excellence on this campus, which appears to be unrecognized in the current discussion. It is important to highlight... have been training engineer physicians for the last 10 years at least. Currently about 12-15% of the 120 MD/PhD students are engineering students.

While COM faculty can speak tomorrow, and they have been encouraged to do so, nonetheless they are being placed in an uncomfortable position, some would say, untenable. Do they continue their work and loyalty to the current COM, at the risk of compromising a future role in a new COM? Do they just sign on to a new COM, recognizing they could be jeopardizing their future if the winds blow another way. The faculty frankly have been in the middle of this controversy for quite some time, they are tired, and many do not feel they can speak openly about this. With such a small faculty, anonymity cannot be assured.

the University of Illinois can and should grow its medical education and research opportunities on this campus and in this region, and that it can be a leader as to what medical education can become. This includes skill learned from our engineering colleagues, along with that from many other scientists and clinicians, that physicians will need for the future. Progress has been made in the last 40 years on this campus, but due to various political issues and mission misalignments, it has been mostly unrealized.

I appreciate that the Senate is taking both confidential and anonymous comments.

Received 9-12-14

Dear Professor,

Thank you for holding a public hearing regarding the collaboration with Carle to found a new College of Medicine. I would like to add some suggestions I have regarding this proposal. I believe an **innovative approach to teaching people medicine** would be to break the four years of medical education apart and provide the education **in an apprenticeship model**. Unfortunately, I don't have the data (or time) to back up this statement but this is my perspective as a second year medical student.

What will be the purpose for the UIUC College of Medicine? From what I learned today, it would be to (1) produce physicians who are compassionate in their practice (2) and are able to innovate health care from an engineering and information perspective, and (3) provide a place for translational research to occur.

My childhood dream was to become a physician who provided compassionate health care to patients. This is my most important priority in a medical school. It has not been easy for me to reach that goal. Two of the major stumbling blocks are different priorities and finances. I feel that I was at a disadvantage getting into medical school because I studied linguistics rather than a biological science. I was rejected a couple times and therefore I had to choose a different path. After 9 years of research and getting into the MD/PhD program, I had to drop the research and focus on medicine. This has made me happier. Another life choice I made was to begin a family while in graduate school. This is important to me, but it affects how I view life and schooling. I cannot commit 168 hours a week to studying and that is what medical school seems to require from students. In addition, I am unable to provide for my family. I am borrowing from the future to live today. It is draining to live this way.

How would I solve this problem? I wish that when I graduated high school, I was able to begin the process of becoming a physician. I wish that I could have gotten a job at a hospital as a physician apprentice. I would work to earn my living. I would learn the different aspects of healthcare. I would learn how to become a physician. As I learn new things, part of my job would be to take courses regarding what we now call the medical school curriculum. Eventually, I would be ready I would take the USMLE exams to become a licensed physician.

This would be good for multiple reasons. First, this would allow many people to enter the health profession field that are unable to attend universities due to financial reasons. Second, this would allow people who come from different backgrounds such as nurses or EMTs to participate as physicians. Third, this would allow the people striving to be physicians to live without the heavy debt which is incurred through current medical education. Third, this would allow innovation to change the medical curriculum so that people learn what they need to know.

Good luck,

Albert Jarvi